

4 DECLARATION

Please tick the appropriate boxes

Proof of identity and right to work check:

Successful applicant will need to provide originals of two types of identification [one photo ID e.g. passport, New Zealand driver licence and the other a record i.e., e.g. birth certificate, bank statement, a bill]

Immigration information

Are you a New Zealand citizen? Yes No

If not, do you have resident status Yes No

A current work permit Yes No

Have you ever received a police diversion for an offence? Yes No

If 'Yes' please detail:

.....
.....
.....

Have you ever been convicted of a driving offence which resulted in Temporary or permanent loss of licence, or imprisonment? Yes No

If 'Yes' please detail:

.....
.....
.....

Are you awaiting sentencing or have charges pending? Yes No

If 'Yes' please detail:

.....
.....
.....

In addition to other information provided are there any other factors that we should know to assess your suitability for appointment And your ability to do the job? Yes No

If 'Yes' please detail:

.....
.....
.....

Have you ever been the subject of any concerns involving Student safety? Yes No

If 'Yes' please detail:

.....
.....
.....

Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of This position may aggravate or contribute to? Yes No

If 'Yes' please detail:

.....
.....
.....

Do you have a current New Zealand driver's licence?

Yes

No

5 REFEREES

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent work performance [please indicate in the table below:

Name	Contact details [organisation & address]	Phone [landline preferred]	Relationship

Authority to approach other referees:

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.

Yes

No

I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand [EDUCANZ] or any other educational organisation, including information regarding matters under Investigation, to gather information related to my suitability for appointment to the position.

Yes

No

6 CONFIRMATION

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Applicant's signature:

Date:

Note: If completing this electronically a hard copy [signed] must be provided.